



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)

## Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

5

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

### COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

Libertarian Party of Marion County

2. Acronym or Abbreviated Name (if any)

LPMC

3. Committee Telephone Number

(219) 669-5663

4. Mailing Address (address where all campaign finance correspondence is received)

133 W Market St # 159

☒ Check if this is a new address

5. City, State, ZIP Code

Indianaapolis IN 46204

6. Party Affiliation (if applicable)

Libertarian

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

8. Party Affiliation or If Independent Candidate

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

10. County of Residence

### TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other \_\_\_\_\_  
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

### CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: 01-01-09 Through: 12-31-09

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

405.85

14. Cash on hand and investments January 1, current year.

2603.50

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

2090.31

2090.31

15b. Unitemized

4855.46

4855.46

15c. Add lines 15a and 15b in both columns

SUBTOTAL

6945.77

6945.77

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

7351.62

9549.27

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

3244.46

3244.46

17b. Unitemized

1558.21

1558.21

17c. Add lines 17a and 17b in both columns

SUBTOTAL

4802.67

4802.67

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

2548.95

4746.60

19. Debts OWED BY the committee (use Schedule D)

0

20. Debts OWED TO the committee (use Schedule E)

0

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Title

Treasurer, LPMC

Date

04 Jan 10

Signature of Candidate (if applicable)

Date

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

FOR OFFICE USE ONLY

JAN 04 2010

FILED



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OF A POLITICAL COMMITTEE**  
State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS**  
Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 1 of 2

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. <u>Joe Coleman</u> <u>3144 N Norfolk</u> <u>Indianapolis IN 46224</u>  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	<u>110<sup>00</sup></u>	<u>110<sup>00</sup></u>	<u>21 Jan 09</u> <u>4 Nov 09</u>  <u>James Majdalah</u>
2. <u>Sam Goldstein</u> <u>8925 N Meridian Suite 101</u> <u>Indianapolis, IN 46260</u>  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	<u>661<sup>57</sup></u>	<u>661<sup>57</sup></u>	<u>11 Mar</u> <u>29 Sep</u> <u>29 Oct</u> <u>24 Nov</u> <u>29 Dec</u>  <u>James Majdalah</u>
3. <u>Cindy Kirkpatrick</u> <u>7009 Marquette Ct</u> <u>Indianapolis IN 46214</u>  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	<u>150<sup>00</sup></u>	<u>150<sup>00</sup></u>	<u>11 Mar 09</u> <u>31 Dec 09</u>  <u>James Majdalah</u>
4. <del>XXXXXXXXXX</del> <del>XXXXXXXXXX</del> <u>Mark Rutherford</u> <u>151 N. Delaware Ste 1200</u> <u>Indianapolis IN 46204</u>  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	<u>297<sup>50</sup></u>	<u>297<sup>50</sup></u>	<u>30 Nov 09</u> <u>12 Nov 09</u>  <u>James Majdalah</u>
5. <u>Paul &amp; Suzanne</u> <u>Dijk-Robinson</u> <u>1222 Evison</u> <u>Indianapolis IN 46203</u>  Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) _____	<u>110<sup>00</sup></u>	<u>110<sup>00</sup></u>	<u>21 Jan 09</u> <u>11 Sep 09</u>  <u>James Majdalah</u>
<b>SUBTOTAL THIS PAGE OF SCHEDULE A</b>		<u>\$1329<sup>07</sup></u>		
<b>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY</b> (Enter total on ITEM 15a of the Summary Sheet)		<u>\$ —</u>		



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Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

Page 2 of 2

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Paul & Suzanne Dijak-Robinson 1222 Euison Indianapolis IN 46203  Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Banners</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	115 <sup>24</sup>	115 <sup>24</sup>	07-04-09  Tim Maguire
2. Tim Maguire 9166 Cinnebar Drive Indianapolis IN 46268  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	410 <sup>00</sup>	410 <sup>00</sup>	14 Dec 07 14 Nov 07 14 Oct 07 15 Sep 07 15 Jul 07 10 Jul 09  James Majdiah
3. Tim Maguire 9166 Cinnebar Drive Indianapolis IN 46268  Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Meeting Supplies</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	67 <sup>69</sup>	67 <sup>69</sup>	07-04-07 05-12-09 04-18-09  James Majdiah
4. Ed Angleton 1215 Polk St Indianapolis IN 46202  Contributor's Occupation (if required)	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>Flyers / Prints</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	<del>127 92</del>  40 <sup>39</sup>	40 <sup>39</sup>	2-10-09 3-10-09  James Majdiah
5. Ed Angleton 1215 Polk St Indianapolis IN 46202  Contributor's Occupation (if required)	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	127 <sup>92</sup>	127 <sup>92</sup>	4 Nov 09 4 Dec 09 12 Feb 09 20 Apr 09 11 Nov 09  James Majdiah
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 761 <sup>24</sup>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 2090 <sup>31</sup>		



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 2

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code <u>E</u> <u>Economic Club of Indiana</u> <u>1150 Washington St</u> <u>362 850 S</u> <u>Indianapolis IN 46204</u>	<u>Finance</u> <u>Beneficiaries</u> <u>Economic Club of IN</u>	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>Table Reservations</u>	<u>1200<sup>00</sup></u>	<u>1200<sup>00</sup></u>	<u>10-22-09</u>
Code <u>O</u> <u>Athenaeum Foundation</u> <u>401 E Michigan St</u> <u>Indianapolis IN 46204</u>	<u>Room Rental</u>	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>Meeting Room</u>	<u>300<sup>00</sup></u>	<u>300<sup>00</sup></u>	<u>11-04-09</u> <u>10-04-09</u> <u>9-04-09</u> <u>8-04-09</u> <u>7-07-09</u>
Code <u>A</u> <u>NUVO</u> <u>3951 N. Meridian Ste 200</u> <u>Indianapolis IN 46208</u>	<u>Magazine Publisher</u>	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>Rock Night Advertising</u>	<u>309<sup>00</sup></u>	<u>309<sup>00</sup></u>	<u>07-20-09</u>
Code <u>A</u> <u>Legacy Imaging</u> <u>1222 E Olson</u> <u>Indianapolis IN 46203</u>	<u>Advertising</u>	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>Parade Decor</u>	<u>134<sup>50</sup></u>	<u>134<sup>50</sup></u>	<u>16 Aug 09</u>
Code <u>F</u> <u>PRN Graphics</u> <u>3122 N. Pennsylvania St</u> <u>Indianapolis IN 46205</u>	<u>Printer</u>	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>T-shirts</u>	<u>160<sup>50</sup></u>	<u>160<sup>50</sup></u>	<u>04-15-09</u>
Code <u>A</u> <u>Ed Angleton</u> <u>1215 Polk</u> <u>Indianapolis IN</u> <u>46202</u>	<u>Bio chemist</u>	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other Purpose: <u>Brochure Reimbursement</u>	<u>154<sup>46</sup></u>	<u>154<sup>46</sup></u>	<u>10-14-09</u>
Code <u>O</u> <u>UPS store</u> <u>133 W Market St</u> <u>Indianapolis IN</u> <u>46204</u>	<u>Shipping</u>	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>Mail Box</u>	<u>196<sup>00</sup></u>	<u>196<sup>00</sup></u>	<u>no. Billing</u>
SUBTOTAL THIS PAGE OF SCHEDULE B			<u>\$2444<sup>46</sup></u>		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			<u>\$ —</u>		



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**(CFA-4 SCHEDULE B)  
ITEMIZED EXPENDITURES**

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	OFFICE SOUGHT (if applicable)				
Code <u>F</u> Indiana Gaming Commission Charity Gaming Division 101 W Washington E Tower Suite 1600 Indy IN 46204	License	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Gaming Permit	150 <sup>00</sup>	150 <sup>00</sup>	12-28-09 05-12-09 09-04-09
Code <u>C</u> Second Helping	Charity	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Christmas Food Drive	160 <sup>00</sup>	160 <sup>00</sup>	19 Nov 09
Code <u>C</u> Indiana Equality PO Box 20621 Indianapolis IN 46220	Equal Rights Advocates IEA	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: Sponsorship	490 <sup>00</sup>	490 <sup>00</sup>	24 Nov 09
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 860		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 3244 <sup>46</sup>		